

This form is used for contracting casual, intermittent or other special services for which the Department may pay the Contractor during the fiscal year a maximum of \$2,500.00. Three signed copies of the agreement should be submitted to the Division of Purchases, two copies of which will be returned to the Department.

STATE OF MAINE - AGREEMENT FOR SPECIAL SERVICES

THIS AGREEMENT, made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ is by and between the State of Maine, \_\_\_\_\_ hereinafter called "Department," and \_\_\_\_\_ hereinafter called "Contractor," located at: \_\_\_\_\_

WHEREAS IT IS AGREED THAT:

1. The Contractor will perform the following services for the Department: \_\_\_\_\_ at the location of \_\_\_\_\_ Commencement Date \_\_\_\_\_ Termination Date \_\_\_\_\_
2. The Department shall pay the Contractor for services rendered a fixed price of \$\_\_\_\_\_ (maximum of \$2,500.00). Payment to be made by the Department after receipt and certification of itemized invoice(s) submitted upon the Contractor's usual billing form or letterhead.
3. The Contractor is an independent contractor for whom no Federal or State Income Tax will be deducted by the Department, and for whom no retirement benefits, workers' compensation protection, survivor benefit insurance, group life insurance, vacation and sick leave, liability protection, and similar benefits available to State employees will accrue.
4. The Contractor will indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses occurring or resulting to any person, firm or corporation who may be injured or damaged by the Contractor in the performance of this agreement; and any and all claims and losses accruing or resulting to any and all contractors, subcontractors, materiel men, laborers and any other person, firm or corporation furnishing or supplying work, services, materials or supplies to, on behalf of or at the request of the Contractor, in connection with the performance of this agreement.
5. This agreement may be terminated upon ten days' written notice by either the Department or the Contractor, but, in the absence of such notice, will terminate on the Termination Date indicated above.

IN WITNESS WHEREOF, the Department and the Contractor, by their representatives duly authorized, have executed this agreement in three original copies.

CONTRACTOR:

\_\_\_\_\_  
Company (if applicable)

By \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name and Title (if any)

\_\_\_\_\_  
IRS or Social Security Number

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT:

Health and Human Services

By \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name and Title

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| VENDOR CODE | DOC TOTAL | FND | AGY | ORG | SUB ORG | APPR | ACTIVITY | OBJ | SUB ORG | JOB NO. | REPT. CATG. |
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DHHS Agreement # \_\_\_\_\_

DHHS Contact: \_\_\_\_\_